STATE MEDICAID DUR BOARD MEETING

THURSDAY, May 10, 2012
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:

Mark Balk, PharmD.
Tony Dalpiaz, PharmD.
Kathy Goodfellow, R.Ph
Joseph Miner, M.D.
Mr. Kumar Shah
George Hamblin, R.Ph.

Board Members Excused:

Neal Catalano, R.Ph.
Peter Knudson, D.D.S.
Joseph Yau, M.D.
Brad Hare, M.D.
Cris Cowley, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Robyn Seely, PharmD.
Lisa V Hunt, R.Ph.
Bobbi Hansen, CPhT
Heather Deering, R.N.
Marisha Kissell, R.N.
Richard Sorenson, R.N.
Annette Leonard, R.N.
Merelynn Berrett, R.N.
Heather Santacruz, R.N.

Other Individuals Present:

Joanita Lake, UofU
Gary Oderda, UofU
Sabrina Aery, BMS
Charissa Anne, J&J
Howard Mann, GSK
Kendig Bergstresser, Celgene
Bryan Larson, UofU
Lori Howarth, Bayer
Scott Larson, BMS
Peter Yoon, Janssen
Kathy Burnhaun, GSK

Meeting conducted by: Robyn Seely, PharmD.

1. Robyn Seely opened the meeting.

2. April meeting minutes reviewed and approved with a motion from Kumar Shah. Seconded by Kathy Goodfellow. Approved unanimously.

3. Pharmacy &Therapeutics (P&T) Committee Report: Lisa V. Hunt addressed the Board. New Preferred Drug List (PDL) provided to board members, posted to website and to be effective June 1, 2012. Beginning bid review process to begin shortly for 2013 year.

4. Other Housekeeping – The board discussed when would be the best time for everyone's schedules to take a month off. There was a consensus to take the month of December 2012

off.

5. Review tablet limits for common daily use drugs of presented by Joanita Lake from the University of Utah.

   Public comment: none.

   Board Discussion: Lisa Hunt asked if the cost savings presented included the amount after rebates. Joanita stated prices are from Red Book. Lisa Hunt also stated that the P&T Committee does take dosage strength into consideration when determining which drugs will be preferred on the PDL.

   Robyn Seely went over the possible future DUR projects in regards to safety and dosage limits. Lisa Hunt shared the P&T process for determining preferred products, they take into consideration such as where is the market, brand versus generic, and dose strength cost (although Utah has not begun restricting preferred drugs by dose strength cost).

   Mark Balk brought up the issue of dose titration; he expressed concern with moving patients to different dosing schedules with limited time frames. He suggested if the University of Utah is able to monitor specific drugs for tablet limits that would target a review. Gary Oderda stated that they would be able to monitor for usage if they were provided with a list of drugs. He also stated that the recommendation of the University is not to place dose or tablet limits but to give Medicaid the authority to direct dosing to the most cost effective doses. He also reminded the board that the cost figures provided are from the Red Book and may be substantially different with rebates taken into consideration.

   Kathy Goodfellow suggested that there could be soft messaging back to the pharmacy when they are filling a medication that may be dosed more cost effectively. Kumar Shah suggested looking at larger date range for data and also to use past drug costs (after rebate) to determine future potential savings. Mr. Shah also stated support of the idea of the University monitoring and initiating reviews.

   Robyn Seely explained that Utah Medicaid is limited on the exact cost data (related to rebates) that they can provide to colleagues and the community. Mark Balk suggested combining both the Universities reviews and the states specific cost data and then make a decision.

   Board Action: Mark Balk made a motion to have the University of Utah review the drugs (Valsartan, Loratadine, Meloxicam, Lisinopril, Sitagliptin Phosphate, Celecoxib, Metoprolol Succinate, Oxybutynin Chloride XL, Montelukast Sodium, Dexlansoprazole), determine what dose consolidations could be made taking into consideration the patient fill levels, and looking into Medicaid cost data all for a specified time frame (i.e. 2-3 months). Then, with the combined information present back to the board the findings. Additionally, look into the possibility of Medicaid providing a soft message back to pharmacies to alert of optimal dosing. Joe Miner seconded the motion. The motion was approved unanimously.

6. Review of current prior authorization criteria presented by Robyn Seely. Review included

Risperdal Consta.

Mark Balk requested the prior authorization approval rates. Robyn presented the information to the board, since 2010 there have been approximately 891 requests, 870 approvals, 18 denials with a 98.7 approval rate. Denials were primarily not a benefit (injectable for Non-Traditional or PCN client).

Public comment: Peter Yoon from Janseen stepped forward to address any questions the board had. None presented.

Board Action: Joe Miner made a motion to remove the prior authorization requirement but still require a diagnosis code and re-review utilization in one year. Mark Balk seconded the motion. The motion was approved unanimously.

George Hamblin made a motion to look into the programming possibility of looking back through medical records for a valid diagnosis. Then if the diagnosis is not found in the medical records data then the pharmacy have the option to submit the diagnosis at the POS to still receive payment. If they do not submit a diagnosis then it would move to a prior authorization requirement, specific message to the pharmacy stating 'PA needed - missing or invalid diagnosis.' Mark Balk seconded the motion. The motion was approved unanimously.

The next DUR Board meeting is scheduled for Thursday, June 14, 2012.
Minutes prepared by Bobbi Hansen.